## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N38604**

1. Entity Name

KIDS IN DADE SOCIETY INC

## **FILED** May 05, 2003 8:00 am Secretary of State 05-05-2003 92186 014 \*\*\*\*70.00

אם און פטוא	ADE SOCIETT, INC.					<b>'</b>			
P O BOX 450146 P O B			iling Address BOX 450146 MI FL 33245				H 18118 8111 8811 811 818 818 818 818		
2. Principal Place of Business 3. Mai			Mailing Address						
Suite, Apt. #, etc. Su			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State C			City & State			4. FEI Number 65-0231613 Applied For Not Applicable			
Zip Country  6. Name and Address of Current F		Zi <sub>l</sub>	Zip Co		untry	5. Certificate of Status Desired \$8.75 Addition Fee Required		ditional	
		not Registered Agent		L	-	7. Name and Address of New Registered Agent			
	6. Name and Address of Corne				-Name				
ZELLER, ALLEN					Street Address	s (P.O. Box Number is N	lot Acceptable)		<del></del>
2149 SW : MIAMI FL	30TH COURT 33145								
					City		FL	Zip Cod	е
8 The above	named entity submits this statemer	nt for the pure	oose of changing its	register	ed office or regist	tered agent, or both, in	the State of Florida. I am	familiar with,	and accept
	ons of registered agent.	·• · · · · · · · · · · · · · · · · · ·			•	-			
,									
SIGNATURE .	Signature, typed or printed name of registered a	gent and title if an	olicable (NO	F: Registere	ed Agent signature requi	red when reinstating)	DATE		
····	Signature, types or printed rearies or registered a								-
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.			<b>\$5.00</b> May Be Added to Fees	Make Chec Florida Depa		
10.	OFFICERS AND	DIRECTORS	<u> </u>	11.		ADDITIONS/CHANG	ES TO OFFICERS AND D	IRECTORS IN	N 10
TITLE	PD		☐ Delete	TH	LE		<del> </del>	☐ Change	Addition
NAME	TINSMAN, RUTH A			NAM	ME				] :
	640 SW 49TH STREET				EET ADDRESS				
CITY-ST-ZIP	HEALEAH FL 33013	<del>-</del>		-	Y-ST-ZIP		<del>_</del>	Change	Addition
TITLE	VPD		□ Delete	TITU	<b>I</b>			L_1 Change	LJ AGUIDON
NAME	O'NEIL, FRANK			NAM STR	REET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	1200 NW 6TH STREET				Y-ST-ZIP		***		
TITLE	SD	<del></del>	☐ Delete	TITI	LE			☐ Change	Addition
NAME	ZELLER, ALLEN		_ 3333	NA	ME				
STREET ADDRESS	2149 SW 30TH CT				REET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33145			CIT	Y-ST-ZIP				
TITLE	ONIDE: AD EDWADD		☐ Delete	TITI	l l			☐ Change	☐ Addition
NAME	SINDELAR, EDWARD 5595 SW 80TH STREET			NA/ STE	REET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33143				Y-ST-ZIP				{
TITLE	IMPORT L COLLO		Delete	TIT	LE -		- <u></u>	☐ Change	☐ Addition
NAME			Doloto	NAI					
STREET ADDRESS				STF	REET ADORESS				j
CITY-ST-ZIP				CIT	Y-ST-ZIP				
TITLE			☐ Delete	TIT				☐ Change	☐ Addition
NAME				: NA					
STREET ADDRESS					REET ADDRESS Y-ST-ZIP				
CITY-ST-ZIP	certify that the information supplied	with this file	a dose not qualify f			Section 119 07/3)(i) Fi	orida Statutes I further o	ertify that the	information
12. I nerehvi	certify that the information subblied	WITH THIS THING	u does not qualify t	or the ex	emphon Stated III	- 5550001 - 13.07 (3)(1), FP	onda otatotoa. I fujilijel o	array or or correction	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AllEN Zeller 4-29-03 305-441-1988